

duty of our nation to initiate such legislation as may be necessary.

For the carrying out of our international obligations, three bills were drafted. The first, H. R. 1966, prohibited the importation of opium for any other than medicinal purposes. The second, H. R. 1967, prohibited the manufacture of smoking opium in the United States. Both of these bills became laws over a year ago. As there are only a few firms in the country which import opium and none which manufacture it, these laws affected a limited number of persons and so attracted little public comment. The third bill, H. R. 6282, which became a law December 17, 1914, is the Harrison law, now going into effect. In various forms and under different names it has been before Congress for nearly six years. It does not forbid the sale of habit-forming drugs. Only state laws can do that in this country. It restricts traffic in them to persons engaged in legitimate businesses in order to make it possible to trace these drugs from the importer to the ultimate consumer. The suppression of illegitimate traffic in these drugs can be accomplished only by state laws properly drawn and enforced.

The object to be attained is the world-wide restriction of the use of opium and cocaine to their proper medicinal purposes. In securing this, the sympathy and support of every right-minded man and woman should be forthcoming. But physicians, especially, as those who know better than any other class the dangers and ravages of drug addictions, should endorse and support in every way this effort for the uplifting of humanity, to which our national honor is pledged.—*Journal of the A. M. A.*

THE PHYSICIAN AND THE HARRISON NARCOTIC LAW.

From the large number of inquiries received, it is evident that many physicians are in doubt as to what they are required to do under the Harrison law and what the law will do to them. So many misstatements on this subject have appeared that a brief summary of the purposes and requirements of the law may be reassuring.

The law affects the physician both as a prescriber and as a dispenser of drugs. The only effect it has on the former—the prescribing physician—is that it requires him to register with the collector of internal revenue of the district, and that in writing a prescription for narcotic or habit-forming drugs he must write thereon the name and address of the patient, have on the prescription his office address and his registry number, and sign his name in full. He can—and should, probably, if he has printed blanks—have his registry number printed on the blank. He need not keep either copies or records of prescriptions; this is done by the druggist. These prescriptions cannot be refilled. This is all there is to the Harrison narcotic law so far as it affects the prescribing physician. The only expense is in securing his license once a year, at a cost of one dollar. And the only facts to be kept in mind in writing prescriptions are that the patient's name and address must be written thereon and that the physician must sign his name in full—precautions, however, that should be taken on all prescriptions.

If the physician desires any of the specified drugs for his own use, he must then make out an order for them on a blank form bearing his registry number. These blanks are furnished by the Internal Revenue Department in packages of ten for ten cents. The physician cannot order drugs for his own use on a prescription blank.

If a physician is in personal attendance on a patient, he can administer any treatment he sees fit in the form of hypodermic injection, sprays, applications, etc. If he orders a nurse to give such treatment, then the written order must appear in the history sheet with the physician's initials. The statement recently appeared in a druggists' journal that an official ruling had discriminated between a visit to the patient at his home and personal treatment of a patient by a physician at his office, and that one was personal attendance and the other was not. This statement is without foundation. No such ruling has been made.

If a physician dispenses his own drugs, then he must conform to the same restrictions as a druggist. He must order the drugs specified by this law on the blanks furnished by the internal revenue collector, and he must keep a record of the dispensing of such drugs, the date, the quantity and the name and address of the person to whom they were given. This record must be kept in a "suitable blank book," and must be preserved for two years. Drugs dispensed while the physician is in personal attendance on the patient do not need to be recorded. Neither do preparations which do not contain more than 2 grains of opium, $\frac{1}{4}$ grain of morphine, $\frac{1}{8}$ grain of heroin or 1 grain of codeine.

These provisions are simple and need cause the physician little annoyance. The great majority of physicians write prescriptions. Physicians who dispense, only occasionally dispense preparations of narcotic drugs. The restrictions for both classes are simple and easily observed. The cost for all physicians is the same, a nominal fee for registration, a small cost for order blanks. Additional rules may be found necessary as the law is enforced, but there is at present nothing that need cause physicians any inconvenience or annoyance.

But what about old habitués, persons suffering from painful and incurable diseases, and others to whom opium in some form is absolutely necessary? Every physician knows of such cases. For them the physician so long as he complies with the law of his own state can prescribe whatever he sees fit. But it must be done openly and without attempt at evasion and the physician must be ready and able at any time to justify his acts. The whole purpose of the law is to restrict the use of opium and cocaine to legitimate channels.—*Journal of the A. M. A.*

FEDERAL OPIUM-COCA LAW.

The following is a partial list of preparations that come within the scope of the new Federal Law and has been compiled by D. O. Haynes & Co., New York:

This law applies to the production, importation, manufacture, compounding, sale, dispensing, or giving away of Opium or Coca Leaves, their salts, derivatives or preparations.

It does not apply to preparations which contain two (2) grains or less of Opium, or $\frac{1}{4}$ grain or less of Morphia, or $\frac{1}{8}$ grain or less of Heroin, or 1 grain or less of Codeine, or any salt or derivative of any of them in one fluid ounce; or if a solid, or semi-solid preparation, in one avoirdupois ounce.

Neither does it apply to Liniments, Ointments or other preparations which are prepared for external use only, except Liniments and other preparations which contain Cocaine or any of its salts (alpha or beta eucaine) or any of their salts or any synthetic substitute for them.